Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Elvis Spears	M M / D D / Y Y Y
Mailing Address 2150 Hope St	11 20 2014 Amount
City State Zip Code	80.00
New Orleans LA 70119	Transaction ID: 39c7a6fd-ad8b-49d7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbute 294684.58	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Elvis Spears	Date of Public Distribution/Dissemination
Al-Y-r Address	11 20 2014
Mailing Address 2150 Hope St	Amount
City State Zip Code	6.30
New Orleans LA 70119	Transaction ID : 3dbfd972-035c-4673-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 / Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	86.30
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Buto	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

	neddic E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report X New report X Amends report filed	on M	= M	/ D D /	Y = Y = Y = Y
	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination
	Hannah J Landry	M	11	20	2014
	Mailing Address 1110 N Coolidge	Amou	nt		
	City State Zip Code	Г.			40.00
	Gonzales LA 70737			ID: 84606fcd oursement or (
	Purpose of Expenditure Salary Category/ Type 001		11	20	2014
Ì	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58 Disbut 2014	irsemen		Primary	General
	Full Name of Payee Hannah J Landry	Date			/Dissemination
	Mailing Address 1110 N Coolidge	IV	11	20	2014
		Amou	nt		
	City State Zip Code				6.33
	Gonzales LA 70737			ID : 6fa7adba- bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	TV	11	20 /	2014
	Name of Federal Candidate Support Office	e Sough	nt:	House	District: 00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58			Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>		7	46.33
((b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	22	D / Y Y 201	Y Y Y
	Signature				

PAGE 2

OF

Schedule E)	IVI EXI END	TTOTILO		PAGE 3 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			M 11 /	20 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		40.00
Gonzales	LA	70737		D: 8d6c0bce-3aa8-4c5c-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Mary C Lee			11 /	20 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		6.33
Gonzales	LA	70737		D: dfcb67a3-3c6f-4460-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	20 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres			46.33
.,			7	49-
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. >	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 22	2014
•				

Schedule E)				PAGE 4 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Theresa a Youngblood	<u> </u>		M	f Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			Amour	11 20 2014 ut
City	State	Zip Code		25.00
Berryville	VA	22611		action ID: 7e4050c9-2f1e-4fc3-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 20 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Lilly Green			М	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amour	
City	State	Zip Code		40.00
Shreveport	LA	71119		ction ID : 1088350f-0d14-4221-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			65.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	e 11	22 2014
Signature				

Schedule E)	IVI EXI END	ITORES		PAGE 5 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			M 11	20 / 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		54.00
Shreveport	LA	71119		D: 32589fa4-0f04-4e44-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Stephanie L Heun			M M M 11	20 / 2014
Mailing Address 8026 S Wilwood Dr Apt 101			Amount	20 2014
City Oak Creek	State WI	Zip Code 53154		20.00 D: 1a29ee51-2d32-4c3a-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation 20 2014
Name of Federal Candidate		Commont	Office Courthy	House District: 00
Ms. Mary L Landrieu		Support Oppose	Office Sought: President	House District: 00 Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	9 1 9	294684.58	Disbursement For: 2014 Other (sp	Primary
- -				
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		>	74.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	4 1 4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D D 22	2014
-				

Schedule E)	A LINDITOTILO	PAGE 6 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report	New report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination
Mailing Address 1270 Lovelady Rd		11 20 2014 Amount
City Stat	e Zip Code	40.00
West Monroe LA	•	Transaction ID : fbb1b6f3-b5eb-452b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jenny N Brown		11 20 / Y Y Y Y Y
Mailing Address 1270 Lovelady Rd		Amount
City Stat West Monroe LA	•	12.00 Transaction ID : b0be7ce7-2ed5-4a9f-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		52.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
		75. 175. 175.
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	11 22 2014
Signature		

Schedule E)	INT EXI END	ITORES		PAGE 7 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Cathy Longtin				11 20 / Y Y Y Y
Mailing Address 827 Navavre Ave			Amou	nt
City	State	Zip Code		45.00
New Orleans	LA	70124		action ID : f46d1742-9190-43e2-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 20 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement 2014 Or	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Cathy Longtin			IM	11 20 Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amou	nt
City	State	Zip Code	— I	6.30
New Orleans	LA	70124		ction ID: e55b5afd-b909-4fcd-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 20 / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			51.30
· ·				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	111	22 / 2014
-				

Schedule E)	INT EXI END	ITOTILO		PAGE 8 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams			М	
Mailing Address 924 N. Prieur St			Amount	20 2014
City	State	Zip Code		80.00
New Orleans	LA	70116		ion ID : 29d8d5ab-03b0-4e76-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	294684.58	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Tammay Williams			11	
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		15.00
New Orleans	LA	70116		on ID : 9bde1731-db80-4c3c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	294684.58	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	95.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures			
				45 45 45
(c) TOTAL Independent Expenditures			>	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		22 2014
3. 3				

Sc	chedule E)	LIVE	1101120		PAGE 9 OF 47 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if X 24-hour report 48-hour report N	lew repo	port Amends rep	port filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee				Date of Public Distribution/Dissemination
	Antoinette Franklin				11 20 2014
	Mailing Address 8822 Apple St				Amount
ŀ	City State		Zip Code		60.00
	New Orleans LA		70188		Transaction ID : bfde7ab6-5bb7-4660-9 Date of Disbursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type 001	1	11 20 / 2014
ı	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	294684.58	Disbu 2014	rsement For: Primary
Ī	Full Name of Payee				Date of Public Distribution/Dissemination
	Antoinette Franklin				M M / D D / Y Y Y Y
1	Mailing Address 8822 Apple St				11 20 2014
	8822 Apple St				Amount
Ì	City State		Zip Code		12.00
	New Orleans LA		70188		Transaction ID: 5b4e1188-fb05-4a02-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	11 20 / Y Y Y Y Y
Ì	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbu 2014	rrsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				72.00
	, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 7
((b) SUBTOTAL of Unitemized Independent Expenditures			···· •	
((c) TOTAL Independent Expenditures			···· >	
٧	Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	nically Filed] Dai	te 1	1 22 2014
	Signature		_		

	<i>-</i> /	FOR SE OF FORM 24/48
	OMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvomen	Speak Out PAC	C C00530766
Check if X	24-hour report 48-hour report New report Amends report fi	led on Man / Dab / Yayayay
Full Nam	ne of Payee	Date of Public Distribution/Dissemination
	ner A Smith	11 20 / Y Y Y Y Y
Mailing A	Address 995 Clairborne Rd	Amount
City	State Zip Code	10.00
Calhoun		Transaction ID: b8d29e25-01f0-40ab-a Date of Disbursement or Obligation
Purpose Salary	of Expenditure Category/ Type 001	11 20 / Y Y Y Y Y Y Y
Name of	Federal Candidate Support O	ffice Sought: House District: 00
Ms. Mar	y L Landrieu Oppose	President State: LA
	oridar real to bate	sbursement For: Primary
Full Nam Gary '	M Fuhrmann Address 9425 Jessica Drive	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	52.50
Shreve	·	Transaction ID: 4a9a39d0-46b7-48ac-8 Date of Disbursement or Obligation
Purpose Salary	of Expenditure Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	f Federal Candidate Support O	ffice Sought: House District: 00
Ms. Mar	y L Landrieu Oppose	President Senate State: LA
		isbursement For: Primary
(a) SUBT	TOTAL of Itemized Independent Expenditures	62.50
(b) SUBT	OTAL of Unitemized Independent Expenditures	
(c) TOTA	L Independent Expenditures	
with, or at	nalty of perjury I certify that the independent expenditures reported herein were not the request or suggestion of, any candidate or authorized committee or agent of eimittee) any political party committee or its agent.	
Ciana	Ms. Emily Buchanan [Electronically Filed] Date	11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signati	uie	

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Schedule E)	INT EXICIND	ITORES		PAGE 11 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Gary W Fuhrmann			M	
Mailing Address 9425 Jessica Drive			Amount	20 2014
City	State	Zip Code		8.40
Shreveport	LA	71106		ion ID : 03ba77f5-86fc-408b-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	294684.58	Disbursement For 2014 Other	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Eva M Johnston			M 11	
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		10.00
Milwaukee	WI	53210		on ID: e0dd9853-03b9-4876-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendi	tures			18.40
(b) SUBTOTAL of Unitermized Independent Exper	nditures			
(4) 662161112 81 61116111208 1110090110111 21.90				7 7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		22 / 2014
-				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	I	FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed		М	/ D D /	Y T Y T Y
T	Full Name of Payee	Date of	f Pub	lic Distribution	Dissemination
	Maegan E McDaniel		11	20	2014
١	Mailing Address 3009 Skelly St	Amoun	t		
H	City State Zip Code				40.00
	Shreveport LA 71107			ID: dcbe166 oursement or (1-c2c3-45b6-a Obligation
	Purpose of Expenditure Salary Category/ Type 001	M	11	20	2014
ı	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms Mary Llandriau	Presider		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 294684.58 Disbur 2014	sement Oth		Primary	General
	Full Name of Payee Maegan E McDaniel	M	f Pub	lic Distribution	/Dissemination 2014
١	Mailing Address 3009 Skelly St	Amoun	it		
ľ	City State Zip Code				13.50
				ID: 8ebe2201 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002		11	20	2014
	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	nt	Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58	rsement Ot		Primary specify) ▶	General
(8	a) SUBTOTAL of Itemized Independent Expenditures				53.50
(i	SUBTOTAL of Unitemized Independent Expenditures		-7		
(0	C) TOTAL Independent Expenditures		7		
W	nder penalty of perjury I certify that the independent expenditures reported herein were not magith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M /	22	201	
	Oignaturo ————————————————————————————————————				

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Schedule E)	CHI EXI END	TOTIES		PAGE 13 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Bobbie M Steinsholt			M = M	Distribution/Dissemination
Mailing Address 3009 Skelly St			Amount	20 2014
City	State	Zip Code		40.00
Shreveport	LA	71107		ID: 50509e72-7a2d-4aca-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	294684.58	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee John K Necaise III			Date of Publi	c Distribution/Dissemination
Mailing Address 1905 Franklin Ave			Amount	20 2014
			Amount	
City New Orleans	State LA	Zip Code 70117		40.00 D : ce993370-26e3-478a-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation 20 2014
Name of Federal Candidate		Cupport	Office Sought:	House District: 00
Ms. Mary L Landrieu		Support Oppose		X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Exper	ditures			80.00
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	1 2 1 2
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 22	2014

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report X New report X Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	John K Necaise III	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1905 Franklin Ave	Amount
ŀ	City State Zip Code	9.84
	New Orleans LA 70117	Transaction ID : 1709c7db-e7aa-4a39-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 20 7 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 294684.58 Disbu 2014	rsement For: Primary X General Other (specify) ▶
Ì	Full Name of Payee Janet Morris	Date of Public Distribution/Dissemination
١		11 20 2014
	Mailing Address 620 Old Barbome Rd Lot 2	Amount
ı	City State Zip Code	12.50
	West Monroe LA 71291	Transaction ID : 88ad587e-6c99-4e85-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 20 / Y Y Y Y Y 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	22.34
((b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
((c) TOTAL Independent Expenditures	1 7 1 7 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Janet Morris	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 620 Old Barbome Rd Lot 2	nount
City State Zip Code	3.72
	ansaction ID : 55744270-4df6-48f2-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 294684.58 Disbursem 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Date Amanda Boley	te of Public Distribution/Dissemination
Malling Address	11 20 2014
Mailing Address Split Oak Drive	nount
City State Zip Code	81.50
	nsaction ID : 24f13988-b93d-4305-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 294684.58 Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	85.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Z Y Z 2014
Signature	

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OF

Schedule E)	INI EXI END	HONES		PAGE 16 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Amanda Boley			11 /	20 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		23.19
charlotte	NC	28227		0: 0792fbe2-bb67-43cb-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Heather Ainsworth			11 /	20 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		90.00
Keithville	LA	71047		: 2446e9da-58c7-489f-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expend	tures			113.19
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	42
(c) TOTAL Independent Expenditures)	1 7 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 22	2014
· 😈 · ···· ·				

Schedule E)	I EXI END	101120		PAGE 17 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			M = M	lic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	20 2014
City	State	Zip Code		22.80
Keithville	LA	71047		ID : 44f67fbd-999a-48be-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94684.58	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ►
Full Name of Payee ERIC TABARY			M = M	lic Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	20 2014
City	State	Zip Code		65.00
METAIRIE	LA	70003		ID: acd447ea-0dbb-4f54-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Noppose Noppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		•	87.80
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 22	2014

Schedule E)	TI EXI END	ITOTILO		PAGE 18 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
ERIC TABARY				11 20 / 2014
Mailing Address 6101 NORA ST			Amou	nt
City	State	Zip Code	— I	2.40
METAIRIE	LA	70003		action ID: 93128bb2-33d6-4b39-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	2	294684.58	Disbursemen 2014	tt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Gregory Green				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amou	int
City	State	Zip Code	<u> —</u> Г.	40.00
Shreveport	LA	71104		action ID: 016d4ee8-53c6-4395-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			42.40
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	171171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	22 / 2014
-				

Per Election for Office Sought Pull Name of Payee Laura U Logie Mailing Address 2565 Shire Circle City State Zip Code Harrisonburg VA 22801 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date Date of Public Distribution/Dissemination 111 20 Y 2014 Transaction ID : 2704fdd1-823f-4d3b-b Transaction ID : 2704		neddic E)	FOR SE OF FORM 24/48
Check if X 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Cregory Green Mailing Address 2506 Boich Street Share Vapor Category Share Zip Code Shreveport LA 71104 Purpose of Expenditure Mileage Category Mas. Mary L Landrieu Cale of Poulic Distribution/Dissemination Transaction ID: 2ee84715-7984-48e4-8 Date of Disbursement or Obligation Transaction ID: 2ee84715-7984-48e4-8 Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Laura U Logie Mailing Address 2565 Shire Circle Cale of Public Distribution ID: 2944dd1-8234-4d35-b Date of Disbursement For: Primary Calendar Year-To-Date Purpose of Expenditure Salary Calegory On Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Amount Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Transaction ID: 2764dd1-8234-4d35-b Date of Disbursement For: Primary Calendar Y	۷۱	иотеп эреак Ойт РАС	C C00530766
Mailing Address 2506 Bolch Street	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 2506 Bolch Street Mailing Address 2506 Bolch Street	П		Date of Public Distribution/Dissemination
City Shreveport LA 71104 Purpose of Expenditure Malling Address 2565 Shire Circle City State City Share of Federal Candidate Malling Address 2565 Shire Circle City Share of Expenditure Malling Address 2565 Shire Circle City State City State City State City State City Share of Expenditure Sharing Name of Pederal Candidate Malling Address 2565 Shire Circle City State City State City State City State City Sharing Category Sh		· ,	
Shreveport LA 71104 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calegory/ Type Name of Federal Candidate Ms. Mary L Landrieu Calegory/ Type Calegory Type Calegory/ Calegory/ Calegory/ Calegory/ Calegory/ Calegory/ Type Full Name of Payee Laura U Logie Mailing Address 2565 Shire Circle Calegory/ Type Ca		Mailing Address 2506 Bolch Street	Amount
Shreveport LA 71104 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 2565 Shire Circle City State VA 22801 President Support Mailing Address 2565 Shire Circle State Category/ Type Oot Transaction ID: 2ee8471b-799d-46ed-8 Date of Disbursement or Obligation President Senate State: LA Disbursement For: Primary Genera 2014 Other (specify) Full Name of Payee Laura U Logie Mailing Address 2565 Shire Circle City State Zip Code Harrisonburg VA 22801 Transaction ID: 2704fdd1-8231-4d3b-b Date of Dublic Distribution/Dissemination Transaction ID: 2704fdd1-8231-4d3b-b Date of Disbursement or Obligation Transaction ID: 2704fdd1-8231-4d3b-b Date of Disbursement For: Disbursement or Obligation President Senate State: LA Amount Transaction ID: 2704fdd1-8231-4d3b-b Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: 2704fdd1-8231-4d3b-b Date of Disbursement For: Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: 2704fdd1-8231-4d3b-b Date of Disbursement For: Date	-	City State Zip Code	55.20
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate City Harrisonburg VA 22801 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Y			Transaction ID : 2ee8471b-799d-46ed-8
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Laura U Logie Mailing Address 2565 Shire Circle City State Zip Code Harrisonburg Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City And Part Per Election for Office Sought Parisonburg VA 22801 Name of Payee Laura U Logie Amount City State Zip Code Harrisonburg VA 22801 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Independent	İ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought Per Election for Office Sought Pull Name of Payee Laura U Logie Mailing Address 2565 Shire Circle City State Zip Code Harrisonburg VA 22801 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures are reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date Date of Public Distribution/Dissemination 111 20 Y 2014 Transaction ID : 2704fdd1-823f-4d3b-b Transaction ID		Ma Manual Landriau	
Full Name of Payee Laura U Logie Mailing Address 2565 Shire Circle City State Zip Code Harrisonburg VA 22801 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Odicitadi Tedi To Bate	
Mailing Address 2565 Shire Circle City State Zip Code Harrisonburg VA 22801 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. 11	ŀ		Date of Public Distribution/Dissemination
City State Zip Code Harrisonburg VA 22801 Furpose of Expenditure Salary Category/		•	
Harrisonburg VA 22801 Transaction ID: 2704fdd1-823f-4d3b-b Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Candidate Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Transaction ID: 2704fdd1-823f-4d33b-b Date of Disbursement or Obligation Tit I 20 / 2014 Other (specify) Ponce Sought: House District: 00 State: LA Other (specify) 90.20 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Mailing Address 2565 Shire Circle	Amount
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Pe	-	City State Zip Code	35.00
Purpose of Expenditure Salary Name of Federal Candidate Support			Transaction ID : 2704fdd1-823f-4d3b-b Date of Disbursement or Obligation
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Salany Odlegory/ 001	M M / D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA	-	Name of Federal Candidate Support Office	Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought 294684.58 Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Disbursement For: Primary General Other (specify) Polity Other (specify) Polity Other (specify) Polity Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures		Calendar Year-To-Date Disbu	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M	(a) SUBTOTAL of Itemized Independent Expenditures	90.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMM Date 11 22 2014	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 22 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
		[F1 +	
- 0		Signature	

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Soficadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Felicia A Jones	11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St	nount
City State Zip Code	80.00
Shreveport LA 71109 Tr.	ansaction ID : f7ea4a6c-9cbe-427e-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Mary L Landrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 294684.58 Disburser 2014	ment For:
Full Name of Payee	ate of Public Distribution/Dissemination
Felicia A Jones	11 20 2014
Mailing Address 4106 Martha St	mount
City State Zip Code	9.60
	insaction ID: 44c10542-bab4-48a6-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 294684.58	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	89.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	22 2014
Signature	

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OF

Schedule E)	INT EXI END	ITOTILO		PAGE 21 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Beau Autin				1 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amoun	t
City	State	Zip Code		45.00
Metairie	LA	70006		ction ID : f51acbb8-beaf-4b05-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	294684.58	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Beau Autin				11 20 / 2014
Mailing Address 345 Auroura Ave			Amoun	t
City	State	Zip Code		1.71
Metairie	LA	70006		tion ID: 13e33188-076d-40b9-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 20 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	294684.58	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			46.71
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	22 2014
•				

Schedule E)	INT EXI END	ITOTILO		PAGE 22 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Julia Perry				11 20 / Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amour	nt
City	State	Zip Code		80.00
Shreveport	LA	71101		action ID: 83c887ee-78e0-471a-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	294684.58	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Julia Perry			M	11 20 / Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amour	nt
City	State	Zip Code		9.00
Shreveport	LA	71101		ction ID : 3372030e-e32f-4332-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 20 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			89.00
, , ,				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	22 / 2014
•				

Sch	nedule E)	L /(1 L /(2)	10.120		PAGE 23 OF 47 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
	Full Name of Payee Donna S Wilson				of Public Distribution/Dissemination
1	Mailing Address 4456 Country Hill Dr			Amou	11 20 2014 ant
	City	State	Zip Code	— [_	20.00
	Baton Rouge	LA	70816		saction ID : ee4ed106-7956-4511-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 20 7 2014
1	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	294684.58	Disbursemen 2014 O	nt For:
	Full Name of Payee Donna S Wilson				of Public Distribution/Dissemination
	Mailing Address 4456 Country Hill Dr			Amou	
	City	State	Zip Code	-	7.80
	Baton Rouge	LA	70816	Transa Date	action ID : af04833d-f8d5-4e7b-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 20 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	294684.58	Disbursemen 2014 O	nt For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	3			27.80
(b	SUBTOTAL of Unitemized Independent Expenditure	ires		.	
(c	c) TOTAL Independent Expenditures			· ·	7 1 7 1 7
Wi	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 11	22 2014
	Signature				

Sofication E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Christopher L Gilbert	M 1
Mailing Address 55 Lovell Johnson Rd Amo	ount
City State Zip Code	70.00
Picayune MS 39466 Trai	nsaction ID : 44f1b3fd-76a7-43cb-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 294684.58 Disbursem 2014	
Full Name of Payee Dat Christopher L Gilbert	Other (specify) ▶ te of Public Distribution/Dissemination
Offisiopher E dilbert	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Lovell Johnson Rd Am	ount
City State Zip Code	42.60
Picayune MS 39466 Tran	saction ID: 4a6dfdd6-cbe0-4bc8-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 D D Z 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Mary L Landrieu Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 294684.58	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	112.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

New Orleans LA 70119 Transaction ID : 7484d660-8254-476 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Support Office Sought: House District: Oppose President Senate State:	ER ▼
Check if X 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Elvis Spears Mailing Address 2150 Hope St City State Zip Code New Orleans LA 70119 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu New report Amends report filed on Ms Ms / Data of Public Distribution/Dissemina / Data of Distribution/Dissemina / Data of Distribution/Dissemina /	
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Elvis Spears Mailing Address 2150 Hope St City State Zip Code New Orleans Purpose of Expenditure Salary New report Amends report filed on Date of Public Distribution/Dissemina Amount Transaction ID: 7484d660-8254-476 Date of Disbursement or Obligation Mailing Address 2150 Hope St Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Support Office Sought: House District: Ms. Mary L Landrieu President State: State:	
Elvis Spears Mailing Address 2150 Hope St City State Zip Code New Orleans LA 70119 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu M M M / 20 / 2014 Amount Transaction ID: 7484d660-8254-476 Date of Disbursement or Obligation M M M / 20 / 2014 Amount Transaction ID: 7484d660-8254-476 Date of Disbursement or Obligation M M M / 20 / 2014 Amount Transaction ID: 7484d660-8254-476 Date of Disbursement or Obligation M M M / 20 / 2014 Name of Federal Candidate M Support Office Sought: House District: Ms. Mary L Landrieu M Senate State: Ms. Mary L Senate State: Ms. Ms. Mary L Senate State: Ms. Ms. Mary L Senate State: Ms.	Y
Mailing Address 2150 Hope St City State Zip Code New Orleans LA 70119 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Tansaction ID: 7484d660-8254-476 Date of Disbursement or Obligation Category/ Type 001 Support Office Sought: House District: More of President Senate State:	tion
City State Zip Code New Orleans LA 70119 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Amount Transaction ID : 7484d660-8254-476 Date of Disbursement or Obligation M M M / D D / Y Z01 Support Office Sought: House District:	
New Orleans LA 70119 Transaction ID : 7484d660-8254-476 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Support Office Sought: House District: Oppose President Senate State:	
New Orleans LA 70119 Transaction ID : 7484d660-8254-476 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support M: Mary L Landrieu Support Office Sought: House District: Oppose President Senate State:	0.00
Purpose of Expenditure Salary Category/ Type O01 11 20 201 Name of Federal Candidate Ms. Mary L Landrieu Support Office Sought: House District: Oppose President Senate State:	:9-b
Ms. Mary L Landrieu Support Office Sought: House District: Ms. Mary L Landrieu Oppose President State:	
President Senate State:	00
Calendar Vaar To Date	LA
Per Election for Office Sought 294684.58 Disputs Finding y 2014 Other (specify) ▶	eneral
Full Name of Payee Plyis Spears Date of Public Distribution/Dissemination	
Mailing Address 2150 Hope St Amount	
City State Zip Code 9	60
New Orleans LA 70119 Transaction ID : a2752ca0-3f34-4e66 Date of Disbursement or Obligation	-8
Purpose of Expenditure Mileage Category/ Type O02 M 11 A 20 Y 2014	
Name of Federal Candidate Support Office Sought: House District: _	00
Ms. Mary L Landrieu	LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ☐ Primary ☐ G 294684.58 Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expenditures)
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a porparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 22 2014	
Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Alice K Salazar	11 20 / Y Y Y Y Y
	Mailing Address 605 W Houston St	Amount
	City State Zip Code	90.00
	Marshall TX 75633	Transaction ID : 6d346d4b-d596-4434-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	00400450	ursement For: Primary X General
	Per Election for Office Sought 294684.58 2014	Other (specify)
	Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St	11 20 2014 Amount
	City State Zip Code	51.60
	Marshall TX 75633	Transaction ID : df425a9f-8469-4a5b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 20 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	141.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 22 2014
	Signature	المنتنا الما ك

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Schedule E)	NI EX EXE	1101120		PAGE 27 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Ana L Esquivel	<u> </u>		M	
Mailing Address 284 Cr 1401			Amount	1 20 2014
City	State	Zip Code		100.00
Carthage	TX	75633		ction ID : 4e8cb6eb-0bc1-4abb-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee Ana L Esquivel			Date of	
Mailing Address 284 Cr 1401			Amount	1 20 2014
City	State	Zip Code		69.00
Carthage	TX	75633		ion ID : 52de2189-dd17-4682-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1 1	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement I 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		.	169.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· -	4-1-4-1-4-1
(c) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		22 2014
Signature				

Schedule E)	LFORT OF INDEFERD	ENT EXILID	ITOTILO		PAGE 28 OF 47 FOR SE OF FORM 24/48
NAME OF COMMIT	,				FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if X 24-ho	our report 48-hour report	X New rep	ort Amends repo		N = M / D = D / Y = Y = Y = Y
Full Name of P Jennifer F					of Public Distribution/Dissemination
Mailing Address	6 180 McNeil Steep Hollow Rd			Amou	11 20 2014 unt
City		State	Zip Code		77.50
Carriere		MS	39426		saction ID : b1eec914-7e65-4bcf-b of Disbursement or Obligation
Purpose of Exp Salary	enditure		Category/ Type 001		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Feder	al Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Lar	ndrieu		X Oppose	Presid	ent State: LA
	/ear-To-Date on for Office Sought	2	294684.58	Disbursemer 2014	nt For:
Full Name of P				Date	of Public Distribution/Dissemination
Jennifer F	Glibert				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	S 180 McNeil Steep Hollow Rd			Amou	unt
City		State	Zip Code		41.70
Carriere		MS	39426		action ID: ca3d5398-8afb-4874-9 of Disbursement or Obligation
Purpose of Exp Mileage	penditure		Category/ Type 002		11 20 / 2014
Name of Feder	al Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Lar	ndrieu		X Oppose	Presid	
	Year-To-Date on for Office Sought		294684.58	Disbursemer 2014	nt For:
(a) SUBTOTAL	of Itemized Independent Expend	litures			119.20
(b) SUBTOTAL	of Unitemized Independent Expe	enditures			
					7 7 7
(c) TOTAL Inde	pendent Expenditures			•	7
with, or at the re		ididate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Signature	Emily Buchanan	[Electron	ically Filed] Date	11	22 / 2014
3					

Schedule E)	ENT EXILID	ITOTILO		PAGE 29 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Hilary Townsend			M = M	olic Distribution/Dissemination
Mailing Address 4506 US Hwy 79 North			Amount	20 2014
C:h.	Ctoto	7in Code		400.00
City Deberry	State TX	Zip Code 75639		100.00 n ID : 64d754d2-2005-4ab2-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Evelyn Lesaicherre			M M M	/ D D / Y Y Y Y Y Y Y 20 2014
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code		80.00
Metairie	LA	70001		ID: 7db41675-e3ef-44e0-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	¹ 20 ² 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	294684.58	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	180.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
				7 7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 22	
Signaturo				

Schedule E)	INT EXI END	TTOTILO		PAGE 30 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			M = M	c Distribution/Dissemination
Mailing Address 629 Radiance Ave			Amount	20 2014
City	State	Zip Code		5.10
Metairie	LA	70001		ID: e3c615c8-a9fe-46a6-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· , · · · ;	294684.58	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Taylor De Julian-Hernandez			M = M	c Distribution/Dissemination
Mailing Address 284 Cr 1401			Amount	20 2014
City	State	Zip Code		100.00
Carthage	TX	75633		D: 959c28bc-69bd-421c-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	294684.58	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	105.10
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 22	2014
3. 3				

Sched	ule E)	I EXI EIID			PAGE 31 OF 47 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	Name of Payee ylor De Julian-Hernandez			M	of Public Distribution/Dissemination
Maili	ng Address 284 Cr 1401			Amour	11 20 2014 nt
City		State	Zip Code	— I	49.50
	thage	TX	75633		action ID: d355b3f8-e97e-4479-a of Disbursement or Obligation
	ose of Expenditure eage		Category/ Type 002		11 / 20 / 2014
Nam	e of Federal Candidate		Support	Office Sought	: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement 2014 Ot	For: Primary X General
	Name of Payee chael Vidrine				of Public Distribution/Dissemination
Mail	ing Address 1103 West Wilson Street			Amour	
City		State	Zip Code		60.00
	e Platte	LA	70586	Transac Date o	ction ID : 9de1da1d-d9e7-4e1c-b of Disbursement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 001		11 20 / 2014
Nam	ne of Federal Candidate		Support	Office Sought	t: House District:00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	294684.58	Disbursement 2014 Of	t For: Primary X General
(a) S	UBTOTAL of Itemized Independent Expenditure	es			109.50
(b) S	UBTOTAL of Unitemized Independent Expending	tures		· •	7 7 7
(c) T	OTAL Independent Expenditures			•	7 7 7
with,	r penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / /	22 2014
Sig	gnature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael Vidrine	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1103 West Wilson Street	Amount
	City State Zip Code	34.80
	Ville Platte LA 70586	Transaction ID: 67938b65-a6ba-406f-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58 Disbut 294684.58	
		Other (specify)
	Full Name of Payee Cynthia N Schmit	Date of Public Distribution/Dissemination
	Mailing Address 2226 Taft Circle Apt 1	11 20 2014 Amount
	City State Zip Code	10.00
	Winchester VA 22601	Transaction ID : cef5b467-9192-4070-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	44.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (' 1) 7 1 1	1 22 2014
	Signature	لسنتسا لسا ك

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Schedule E)	II EXI END	TOTILO		PAGE 33 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Jeanne Tribou			M M	/ D D / Y Y Y Y Y Y 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		45.00
Mandeville	LA	70471		n ID: f092e9e8-7f12-4d35-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	294684.58	Disbursement For 2014 Other	: Primary X General
Full Name of Payee	_		Date of Pu	blic Distribution/Dissemination
Jeanne Tribou			11	20 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		4.80
Mandeville	LA	70471		n ID: a782dcde-c4f3-4864-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	/ 20 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	294684.58	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditur	es			49.80
, , ,				7
(b) SUBTOTAL of Unitemized Independent Expendent	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 22	

Schedule E)	INT EXI END	ITOTILO		PAGE 34 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Jessica R Resendiz			М = М	ic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	20 2014
City	State	Zip Code		90.00
Keithville	LA	71047		ID: 61318819-d5ce-49ba-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	294684.58	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jessica R Resendiz			11	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		27.90
Keithville	LA	71047		D: 08276204-be8e-4a97-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			117.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures			7 7
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 22	2014
- 3				

Schedule E)	VI EXI END	ITOTILO		PAGE 35 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Sheri J Peace				11 20 / Y Y Y Y
Mailing Address 9685 Paula St			Amour	nt
City	State	Zip Code		100.00
Keithville	LA	71047		action ID : d7342391-18b7-4d69-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 20 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	294684.58	Disbursement 2014 Ot	For: Primary ⊠ General
Full Name of Payee			Date o	of Public Distribution/Dissemination
Sheri J Peace			M	11 20 / Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amour	nt
City	State	Zip Code	— I	50.40
Keithville	LA	71047		ction ID : 667ed2c1-1e9d-4294-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 20 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	294684.58	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			150.40
				7 7 7
(b) SUBTOTAL of Uniternized Independent Expendent	litures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	22 / 2014
- 9				

			FOR SE OF FORM 24/48
	F COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvome	en Speak Out PAC		C C00530766
Check if	24-hour report 48-hour report New report Amends	report filed on	M = M / D = D / Y = Y = Y
	lame of Payee ristopher Marquess	Date	e of Public Distribution/Dissemination
	·		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	ng Address 110 W Pecan St	Amo	ount
City	State Zip Code		50.00
	Platte LA 70586	Tra i Date	nsaction ID : 56cc5a69-2a11-409f-8 e of Disbursement or Obligation
Purpo Salai	ry Category/ Type	001	11 20 / 2014
Name	e of Federal Candidate Suppo	ort Office Sou	ght: House District: 00
Ms. N	Mary L Landrieu Oppos	se Pres	ident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 294684.58	Disbursemo	ent For:
Chr	Name of Payee ristopher Marquess ag Address 110 W Pecan St		e of Public Distribution/Dissemination 11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			ount
City	State Zip Code	T	36.00
	Platte LA 70586		saction ID : ccaf0ad5-b6a3-42b3-b e of Disbursement or Obligation
Milea	ose of Expenditure age Category/ Type	002	11 20 / 2014
Name	e of Federal Candidate Suppo	ort Office Sou	ght: House District: 00
Ms. N	Mary L Landrieu Oppo	se Pres	sident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 294684.58	Disbursem 2014	ent For:
(a) SU	JBTOTAL of Itemized Independent Expenditures	······	86.00
(b) SU	IBTOTAL of Unitemized Independent Expenditures	······ \	
(c) TO	TAL Independent Expenditures	······ \	
with, o	penalty of perjury I certify that the independent expenditures reported herein or at the request or suggestion of, any candidate or authorized committee or agreemmittee) any political party committee or its agent.		
Sico	Ms. Emily Buchanan [Electronically Filed]	Date 11	22 2014
Sigi	naturo -		

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OF

Sch	nedule E)	— 11—.				PAGE 37 OF 47 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼	
Wo	Women Speak Out PAC C c00530766						
Chec	ck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y	
	Full Name of Payee Philip Elkins				M M /	Distribution/Dissemination	
1	Mailing Address 227 Lincoln Dr			Amou	unt	20 2014	
	City State		Zip Code	—		40.00	
	Bossier City LA		71111			D: 8137d947-be35-4dfe-bursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		M M /	20 / 2014	
	Name of Federal Candidate		Support	Office Sough	ht:	House District:00	
	Ms. Mary L Landrieu		X Oppose	Presid	_	Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	2	294684.58	Disbursemen 2014	nt For: Other (sp	Primary	
	Full Name of Payee Philip Elkins				M = M /	C Distribution/Dissemination	
	Mailing Address 227 Lincoln Dr			Amo	11 unt	20 2014	
	City State		Zip Code	$ \Gamma$		7.53	
	Bossier City LA		71111			D: a1629bef-8396-4579-a ursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002	$\exists \mid \llbracket$	M M /	20 / 2014	
	Name of Federal Candidate		Support	Office Soug	ht:	House District:00	
	Ms. Mary L Landrieu		X Oppose	Presid		Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		294684.58	Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶	
(a	a) SUBTOTAL of Itemized Independent Expenditures					47.53	
(b	b) SUBTOTAL of Unitemized Independent Expenditures	,					
(c	c) TOTAL Independent Expenditures			• [
Wi	nder penalty of perjury I certify that the independent expe ith, or at the request or suggestion of, any candidate or au arty committee) any political party committee or its agent.						
		[Electron	nically Filed] Date	M M /	22	2014	
	Signature						

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francesca Blom	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 101 Asbury Ct	Amount
	City State Zip Code	95.00
	Winchester VA 22602	Transaction ID: 9d35985c-d858-43a0-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 294684.58	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Darius Beverly	11 20 2014
	Mailing Address 157 Bishop Drive	Amount
	City State Zip Code	55.00
	Avondale LA 70094	Transaction ID : 611618ae-9714-4df2-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 20 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb. 294684.58	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 22 2014
	Signature	

PAGE

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OF

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 39 OF 47 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC						
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Ms. Dinah Beverly			M M /	20 / 2014		
Mailing Address 157 Bishop Drive			Amount			
City	State	Zip Code		55.00		
Avondale	LA	70064		D: d05aa67d-94c6-4487-9 rsement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 /	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee			Date of Public	: Distribution/Dissemination		
Ms. Dinah Beverly			M = M /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 157 Bishop Drive			Amount			
City	State	Zip Code		4.80		
Avondale	LA	70064		: 941bbab8-b9ac-4ddf-a rsement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (sp	Primary		
(a) SUBTOTAL of Itemized Independent Expend	itures			59.80		
,			-	7		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •			
(c) TOTAL Independent Expenditures			•	1 7 1 7		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 22	2014		
				· ·		

Schedule E)	IN EXIEND	TTOTILO	+	PAGE 40 OF 47 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC							
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Carl Brent			11 /	20 / 2014			
Mailing Address 6718 Lake Willow Dr			Amount				
City	State	Zip Code		80.00			
New Orleans	LA	70126		D: 8e81fe68-33ca-42f4-8 rsement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11 /	20 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President >	<u></u>			
Calendar Year-To-Date Per Election for Office Sought	;	294684.58	Disbursement For: 2014 Other (spe	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Carl Brent			M M /	20 / 2014			
Mailing Address 6718 Lake Willow Dr			Amount	20 2014			
City	State	Zip Code		14.10			
New Orleans	LA	70126		: d28ebd69-a2fa-4263-9 rsement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	11	20 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7	294684.58	Disbursement For: 2014 Other (spe	Primary X General			
(a) SUBTOTAL of Itemized Independent Expendi	tures			94.10			
			-7-	7			
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•				
(c) TOTAL Independent Expenditures)				
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 22	2014			
•							

Schedule E)		10.120		PAGE 41 OF 47 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC C C00530766						
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee Cynthia J Christmas			Date of Pub	lic Distribution/Dissemination		
Mailing Address 1731 Frenchmen St			Amount	20 2014		
Cit.	Ctata	7:- Codo		60.00		
City New Orleans	State LA	Zip Code 70116		60.00 ID: a0f7ea54-1153-47eb-a pursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	Date of Dist	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	2	294684.58	Disbursement For: 2014 Other (s	Primary X General Specify) ►		
Full Name of Payee Cynthia J Christmas Mailing Address 1731 Frenchmen St			Date of Pub	olic Distribution/Dissemination		
			Amount			
City New Orleans	State LA	Zip Code 70116	Transaction	9.00 ID: 7ecb0e49-6f5f-45d1-9 bursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M M M M 11	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (s	Primary X General		
(a) SUBTOTAL of Itemized Independent E	Expenditures		•	69.00		
(b) SUBTOTAL of Unitemized Independen	t Expenditures		· •	79-1-75-1		
(c) TOTAL Independent Expenditures			>	7 1 7		
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11 / 22	2014		
Signature						

Schedule E)				PAGE 42 OF 47 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) MANAGE OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC							
Sheck if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Joshua J Huffman				Public Distribution/Dissemination			
Mailing Address 211 Dixie Ave			Amoun	11 20 2014 t			
				· · · · · · · · · · · · · · · · · · ·			
1 '	State VA	Zip Code 22801		67.50 ction ID : 76902696-e37f-466b-9			
Purpose of Expenditure Salary		Category/ Type 001	M	f Disbursement or Obligation			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	Presider	Tiodec Biotilot.			
Calendar Year-To-Date Per Election for Office Sought	2	94684.58	Disbursement 2014 Oth	For: Primary			
Full Name of Payee Michael B Fuhrmann			M	f Public Distribution/Dissemination			
Mailing Address 329 Columbia St			Amoun	للنتيا لتا ل			
City	State	Zip Code		25.00			
Shreveport	LA	71104		tion ID: f83e03fb-54f7-4d4c-9 f Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		11 20 / Y Y Y Y			
Name of Federal Candidate		Support	Office Sought	: House District: 00			
Ms. Mary L Landrieu		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement 2014 Otl	For: Primary X General			
(a) SUBTOTAL of Itemized Independent Expenditures			• [92.50			
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· .				
(c) TOTAL Independent Expenditures			· [7 7 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	11 /	22 / 2014			

Schedule E)	AI ENDITORIES	PAGE 43 OF 47 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C C00530766						
Check if 🔀 24-hour report 🔲 48-hour report	New report Amends report filed	on M = M / D = D / Y = Y = Y				
Full Name of Payee		Date of Public Distribution/Dissemination				
Michael B Fuhrmann		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 329 Columbia St		Amount				
City	te Zip Code	1.80				
Shreveport L/	A 71104	Transaction ID: 8765334e-742b-44cf-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y				
Name of Federal Candidate	Support Office	e Sought: House District: 00				
Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	294684.58 Disbut 2014	ursement For: Primary X General Other (specify) ▶				
Full Name of Payee		Date of Public Distribution/Dissemination				
Christine Stevens		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 100 Asbury Ct		11 20 2017				
		Amount				
City Sta	te Zip Code	70.00				
Winchester	A 22602	Transaction ID: 470c22b1-ff1a-46b4-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	11 / 20 / Y Y Y Y Y				
Name of Federal Candidate	Support Office	e Sought: House District: 00				
Ms. Mary L Landrieu	Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	294684.58 Disb 2014	ursement For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures	·····	71.80				
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	7-1-7-1				
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·					
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eithe					
Ms. Emily Buchanan	[Electronically Filed] Date	1 22 2014				
Signature						

Schedule E)	INT EXI END	TIONES	<u> </u>	PAGE 44 OF 47 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) MANAGE OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC						
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee Jazmine d Conner			Date of Public I	Distribution/Dissemination		
Mailing Address 100 ASBURY CT			11 Amount	20 2014		
			7 unount			
City WINCHESTER	State VA	Zip Code 22602	Transaction ID	70.00 : 57db3c9d-45a0-4bc2-b		
	VA	22002		sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Jon E Conner			M M /	20 / 2014		
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code		70.00		
Winchester	VA	22602		: 486e83d4-fab2-4521-a sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 /	20 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For: 2014 Other (spec	Primary		
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	140.00		
				7		
(b) SUBTOTAL of Uniternized Independent Exper	ditures		>			
(c) TOTAL Independent Expenditures			>	7		
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or it	idate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 22	2014		

Schedule E)	LAFLIND	ITOTILO		PAGE 45 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	W / D = D / Y = Y = Y
Full Name of Payee Rodney O Culbreath			М =	
Mailing Address 100 Asbury Ct			Amount	20 2014
City	State	Zip Code		70.00
Winchester	VA	22602		ion ID : 39c9d76b-15ba-4104-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	294684.58	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Rodney D Culbreth Mailing Address 100 Asbury CT			11	
100 Addaty O1			Amount	
3200 Dam Neck Rd City	State	Zip Code		70.00
Winchester	VA	22602		on ID: 2c1fd8b3-6f44-4fe4-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7-1-7	294684.58	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	9S			140.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures				7 7 7 7
			-	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		22 2014
Signature				

Schedule E)	IVI EX EXE	1101120		PAGE 46 OF 47 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC C C00530766							
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y			
Full Name of Payee Rze Culbreath			M = M	ublic Distribution/Dissemination			
Mailing Address 100 Asbury Ct			Amount	20 2014			
City	State	Zip Code		70.00			
Winchester	VA	22602		on ID: 12d8d64c-7fe0-4450-a sbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For 2014 Other	r: Primary X General (specify) ▶			
Full Name of Payee Colton R Overcash			Date of Pu				
Mailing Address 121 Ohara Dr			Amount	20 2014			
City	State	Zip Code		94.00			
Salisbury	NC	28147	Transaction Date of Di	n ID : 8142c977-b831-4e6b-b sbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11 11 m	20 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		294684.58	Disbursement For 2014 Other	r: Primary X General (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	164.00			
(b) SUBTOTAL of Unitemized Independent Expen	nditures		· •	7 1 7 1 7 1			
(c) TOTAL Independent Expenditures			.	7 1 7 1 7			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authorized						
Ms. Emily Buchanan	[Electroi	nically Filed] Date	, 11 2				
Signature							

Schedule E)	PAGE 47 OF 47 FOR SE OF FORM 24/48					
JAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C C00530766					
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay					
Full Name of Payee	Date of Public Distribution/Dissemination					
Colton R Övercash	11 20 / Y Y Y Y Y Y					
Mailing Address 121 Ohara Dr	Amount					
City State Zip Code	68.40					
Salisbury NC 28147	Transaction ID : 968964d3-0b6c-4f4d-8 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type 002	11 20 / 2014					
Name of Federal Candidate Support Offi	ce Sought: House District:00					
Ms. Mary L Landrieu Oppose	President Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought Dis 294684.58	bursement For: Primary General Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Mailing Address	-					
Mailing Address	Amount					
City State Zip Code						
	Date of Disbursement or Obligation					
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y					
Name of Federal Candidate Support Off	ice Sought: House District:					
Oppose	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General					
	Other (specify) -					
(a) SUBTOTAL of Itemized Independent Expenditures	68.40					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	4069.55					
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed] Date	11 22 2014					
Olynatale						